

A STUDY TO EVALUATE THE ASSOCIATION OF POST TEACHING KNOWLEDGE SCORES OF NOSOCOMIAL INFECTION WITH SELECTED DEMOGRAPHIC VARIABLES AMONG PATIENTS' ATTENDANTS AT SELECTED HOSPITALS OF BANGALORE

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ABSTRACT

"Infection that were not present before the patient came to a hospital but were acquired by a patient while in the hospital." The word nosocomial comes from the Greek word 'nosokomeion' meaning hospital [Nosos= disease, Komeo= to take care of] Nosocomial infections are infection that results from treatment in a hospital or a health care service unit. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge.

AIM

Association of post teaching knowledge scores of nosocomial infection with selected demographic variables

SETTINGS AND DESIGN

A quantitative research approach was used. The pre-experimental one group pre-test post test design was used. The present study was conducted in the selected hospitals of Bangalore among 30 patient attendants. Non-probability purposive sampling techniques was used.

RESULTS

The association in between post-test knowledge level of patient's attendants with selected demographic variables. The analysis revealed that variables educational status ($p=0.029$), family history of chronic illness ($p=0.032$), how often you visit to hospital ($p=0.003$), and did you ever fall sick after visiting any patient in hospital ($p=0.013$) calculated p value found lesser than the assumed p value <0.05 , hence these variables are significantly associated with post-test knowledge level of patient's attendants at <0.05 level of significance. Whereas other variables p value found larger than the assumed p value which suggested that

KEYWORDS: Nosocomial, acquired, Nosos, Kome.

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INTRODUCTION

Infectious diseases are serious problem to world health. One of the important reasons for high death rate in developing countries is infectious diseases. The term communicable disease also is used in place of infectious diseases, which means that disease can spread from one person to another person. (M/s Banarsidass Bhanot; 2002)

Nosocomial infections are contaminations which create inside the clinic or are created by microorganisms procured during hospitalization. These may burden the patients as well as additionally staff individuals, volunteers, guests and chaperons. As indicated by one report of contamination with *Mycobacterium tuberculosis*, infants brought into the world in obstetric unit had changed over to tuberculin positive at an uncommon high rate. This could just be clarified by procurement of emergency clinic contamination. (Van den Bruel A et al 2010) Notwithstanding, because of development of HIV contamination the need to forestall and control nosocomial contamination is being underlined. The point is to diminish nosocomial disease and guarantee that nobody gains contaminations from the clinic by stringently noticing the safety measures suggested for taking care of blood and body liquids, safety measures comparable to infusions, skin puncturing and intrusive systems, successful utilization of cleansing, sterilization and removal of infective waste. (Narasimhaiah J 2018)

In a new overview led by WHO on 28,861 patients in 47 medical clinics of 14 nations situated in 4 mainlands, the predominance rate of nosocomial contamination of various medical clinics fluctuated from 3% - 21% with mean of 8.4%. 7 Diseases happen inside 48 hours after confirmation are considered as nosocomial contamination. Nosocomial disease can't be killed completely, yet a considerable lot of them can be forestalled by legitimate aseptic measures. (Ananthabhadmanaban B. 2017)

Also, social change is a significant part for controlling the spread of HAIs alongside legitimate preparing to medical services laborers when managing patients. The medical clinic settings are at a most noteworthy danger of obtaining these contaminations particularly the escalated care units and working theatres. Thus, it is of utmost significance that control measures are drilled to stop the contamination spread. The favorable place for such diseases can likewise be nursing homes, restoration focuses, the medical care staff, vulnerable patients, sullied gear and gadgets, bed cloths, air beads alongside defiled food and water. (Sharma R 2019)

OBJECTIVE

To associate the post teaching knowledge scores on nosocomial infection with demographic variables.

REVIEW OF LITERATURE

Biruk Bayleyegn et al (2021) communicated their research in title with Knowledge, Attitude and Practice on Hospital-Acquired Infection Prevention and Associated Factors Among Healthcare Workers at University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. Authors aimed to evaluate the knowledge, attitude and practice towards HAIs prevention and associated factors in healthcare workers. This was a hospital-based cross-sectional study. Each study participant was selected by simple random sampling. Data were collected using structured self-administered questionnaires. The study result revealed that A total of 236 participants were included in this study with a 100% response rate; 90% and 57.2% of the participants had good knowledge and positive attitude towards HAI prevention, respectively. Meanwhile, only 36% of the study participants had good practice towards HAI prevention, suggesting less than satisfactory scores in this study. Level of education and work experience were significantly associated with safe-infection prevention attitude and practice. Based on these findings the researcher concluded that even though the respondents have good knowledge with a sympathetic attitude about HAI preventions, good knowledge did not translate into prudent practices.

Bernadine Ekenyong et al (2020) shared their investigated work in title with Assessment of Knowledge, Practice and Guidelines towards the Novel COVID-19 among Eye Care Practitioners in Nigeria—A Survey-Based Study. This study was aimed to explore knowledge, practice of risk and guidelines of the novel corona virus disease (COVID-19) infection among the eye care practitioners and the potential associated factors. This was a cross-sectional design which took place through emails and social media. Data for 823 respondents were analysed. The mean score for COVID-19-related knowledge of public health guidelines was high and varied across the ECPs. Ophthalmic Nurses, Ophthalmologists and Optometrists showed higher COVID-19-related knowledge than other ECPs, particularly those working in the private sector.

Ghada Alharbi et al (2019) communicated their research in title with Knowledge, attitude and compliance of infection control guidelines among dental faculty members and students in KSU. The study aimed to investigate knowledge, attitude, and compliance with recommended infection control guidelines among dental faculty members and students. This was a cross-sectional study organised by investigators. The total 317 participants were participated. A comparison between dental faculty members and students was made based on their knowledge, attitude, and compliance, which resulted in almost equal percentages of knowledge (49.6, 49.0%

respectively). In addition, it revealed that faculty members' attitude toward infection control in the dental clinic was more positive compared to their compliance with the infection control guidelines (70.6, 65.2% respectively) while with the students it was vice versa (67.2, 69.6% respectively). The study concluded that dental undergraduate student and faculty members at KSU demonstrated a good adherence to infection control guidelines. On the other hand, there was a lack in the knowledge of the basics of infection control standards.

METHODOLOGY

A quantitative research approach was used. The pre-experimental one group pre-test post test design was used. The present study was conducted in the selected hospitals of Bangalore among 30 patient attendants. Non-probability purposive sampling techniques was used.

RESULTS

FINDING RELATED TO ASSOCIATION BETWEEN POST-TEST LEVEL OF KNOWLEDGE OF PATIENT'S ATTENDANTS WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 1: Chi-square value of post-test level of knowledge with selected demographical variables: N-30

Variables			Chi-square	Df	P value	Level of Significance
Age In Years	<30 years		7.65	2	0.054	NS
	31 to 50 years					
	≥50 years					
Gender	Male		6.24	1	0.212	NS
	Female					
Religion	Hindu		0.639	3	0.887	NS
	Muslim					
	Christian					
EducationalStatus	No formal education		9.031	3	0.029	S
	Primary education					
	Secondary education					
	Graduation					
	Post-graduation					
Marital Status	Married		4.8	2	0.091	NS
	Unmarried					
	Divorced					
Residence	Urban		2.325	1	0.313	NS
	Rural					
Type of family	Nuclear family		1.071	1	0.301	NS
	Joint family					
income status	< 10000/-		4.154	3	0.245	NS
	10001/- to 20000/-					
	20001/- to 30000/-					
	>30000/-					
Family history of chronic illness	Yes		6.012	1	0.032	S
	No					
How often you visit hospital?	Once in a year		7.056	3	0.003	S
	Twice in a year					
	Thrice in a year					
	More than three times in a year					
Didyou ever fall sick after visiting any patient in hospital?	No		3.015	1	0.013	S
	Yes					
	Yes	Once				
		Twice				
		Thrice				

P<0.05 Level of Significance

S-Significant

NS-Non-significant

Table 1 stated the association in between post-test knowledge level of patient's attendants with selected demographic variables. The analysis revealed that variables educational status ($p=0.029$), family history of chronic illness ($p=0.032$), how often you visit to hospital ($p=0.003$), and did you ever fall sick after visiting any patient in hospital ($p=0.013$) calculated p value found lesser than the assumed p value <0.05 , hence these variables are significantly associated with post-test knowledge level of patient's attendants at <0.05 level of significance. Whereas other variables p value found larger than the assumed p value which suggested that those variables are not significantly associated with post-test knowledge level of patient's attendants.

Based on above mentioned analysis the research hypothesis H2 accepted for educational status, family history of chronic illness, how often you visit to hospital, and did you ever fall sick after visiting any patient in hospital variables at <0.05 level of significance.

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